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METHODS AND COMPOSITIONS FOR TREATING DISEASES ASSOCIATED WITH EXCESSES IN ACE

Publication number: JP2005503378 (T)
Publication date: 2005-02-03
Inventor(s):
Applicant(s):
Classification:
- international: ***A61K31/00; A61K31/401; A61K31/47; A61K31/55; A61K31/56; A61K31/573; A61K31/58; A61K38/55; A61K45/00; A61K45/06; A61K9/20; A61K9/22; A61K9/26; A61K9/52; A61P1/00; A61P1/04; A61P1/06; A61P1/16; A61P1/18; A61P11/00; A61P11/02; A61P11/06; A61P11/08; A61P13/02; A61P13/12; A61P17/00; A61P17/04; A61P17/06; A61P19/02; A61P19/06; A61P19/08; A61P19/10; A61P25/00; A61P25/04; A61P25/06; A61P25/08; A61P25/16; A61P25/18; A61P25/22; A61P25/24; A61P25/28; A61P25/30; A61P25/34; A61P27/02; A61P27/06; A61P27/12; A61P27/16; A61P29/00; A61P3/04; A61P3/06; A61P3/10; A61P31/14; A61P31/16; A61P31/18; A61P31/20; A61P35/00; A61P37/08; A61P43/00; A61P5/14; A61P5/18; A61P7/02; A61P7/12; A61P9/08; A61P9/10; A61P9/12; G01N33/15;*** **A61K31/00; A61K31/401; A61K31/47; A61K31/55; A61K31/56; A61K31/57; A61K31/58; A61K38/55; A61K45/00; A61K9/20; A61K9/22; A61K9/26; A61K9/52; A61P1/00; A61P11/00; A61P13/00; A61P17/00; A61P19/00; A61P25/00; A61P27/00; A61P29/00; A61P3/00; A61P31/00; A61P35/00; A61P37/00; A61P43/00; A61P5/00; A61P7/00; A61P9/00; G01N33/15;**
(IPC1-7): A61K31/401; A61K31/55; A61K31/573; A61K31/58; A61K38/55; A61K45/00; A61K45/06; A61K9/20; A61K9/22; A61K9/52; A61P1/00; A61P1/04; A61P1/06; A61P1/16; A61P1/18; A61P11/00; A61P11/02; A61P11/06; A61P11/08; A61P13/02; A61P13/12; A61P17/00; A61P17/04; A61P17/06; A61P19/02; A61P19/06; A61P19/08; A61P19/10; A61P25/00; A61P25/04; A61P25/06; A61P25/08; A61P25/16; A61P25/18; A61P25/22; A61P25/24; A61P25/28; A61P25/30; A61P25/34; A61P27/02; A61P27/06; A61P27/12; A61P27/16; A61P29/00; A61P3/04; A61P3/06; A61P3/10; A61P31/14; A61P31/16; A61P31/18; A61P31/20; A61P35/00; A61P37/08; A61P43/00; A61P5/14; A61P5/18; A61P7/02; A61P9/08; A61P9/10; A61P9/12; G01N33/15
- European: A61K31/00; A61K45/06; A61K31/401; A61K31/47; A61K31/56
Application number: JP20030518448T 20020806
Priority number(s): US20010310064P 20010806; US20020347905P 20020115; US20020350563P 20020124; US20020352072P 20020128; US20020352074P 20020128; US20020347013P 20020111; US20020352484P 20020130; US20020378467P 20020508; US20020379796P 20020513; US20020380741P 20020516; WO2002US25001 20020806

Also published as:
WO03013434 (A2)
WO03013434 (A3)
AU2002355419 (A1)

Abstract not available for JP 2005503378 (T)
Abstract of corresponding document: **WO 03013434 (A2)**

Over 40 common diseases, in addition to congestive heart failure (CHF) due to hypertension (HTN) or non-insulin dependent diabetes mellitus (type II diabetes mellitus) (NIDDM), atherosclerotic peripheral vascular disease (ASPVD) due to HTN or NIDDM, and chronic obstructive pulmonary disease; emphysema (COPD), are associated with the ACE D/D genotype and should also respond to an adequate tissue-inhibitory dose of ACE inhibitors such as quinapril. Several of these diseases have now been successfully treated using higher than normal dosages of ACE inhibitors, especially hydrophobic ACE inhibitors, with good outcomes. ACE inhibitors have also been found to be useful in inhibiting apoptosis and aging in general. Dosages that have been utilized are typically greater than quinapril at a dose of 40 to 80 mg/day, i.e. up to 1 mg/kg per day for a "typical" 80 kg patient.; New formulations of ACE inhibitors have been developed for these higher dosages, including 80 mg tablets, controlled and/or sustained release formulations, and formulations containing a second active agent such as a diuretic, or a compound such as furosemide 20 mg/day (for creatinine <2.5 mg/dl) or furosemide 40 mg/day (for creatinine >2.5 mg/dl), to preventfluid retention and congestive heart failure in patients with renal failure. The ACE inhibitors can also be combined with an angiotensin receptor blocker.